PATH Record Review Worksheet

Provider Name_____ Audit Date_____

PATH Client_____ PATH Service_____

1. Locate a PATH Record on this client: Yes☐   No☐
   Reason_____

2. Enrollment Date: Yes☐ _____No☐

3. Discharge Date: Yes☐ _____NA☐   No☐

4. Demographics (circle):   Yes☐   No☐
   - Identifier
   - Race, Age, Gender
   - VA Status
   - Diagnosis
   - Substance abuse
   - Housing status at first contact
   - Time living on streets upon first contact

5. Assessment Information Present: Yes☐   No☐

6. Treatment Planning Present: Yes☐   No☐
   - Evidence of collaboration   Yes☐   No☐
   - ISP with goals and strategies   Yes☐   No☐

7. Documentation of Treatment Present: Yes☐   No☐
   - Documentation of progress related to ISP   Yes☐   No☐
   - Number documented consumer contacts within last 30 days _____

8. Services & Resources Rendered (circle):
   - Disability Benefits(SSI/SSDI)   Georgia ID   Self-Help(AA, NA, CA, DTR)
   - VA Benefits   Housing   Employment
   - Food Stamps   Healthcare
   - TANF   MH/AD Treatment   Other_____

Record Audit Comments: _____
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Auditor_____